MEDICAL DECORD	Consultation D	Consultation Depart	
MEDICAL RECORD		Consultation Report	
CONSULT SERVICE:	REQUESTING CLINICIAN NAME (Pa	ger or Phone Number):	
REASON FOR CONSULT:			
CONSULTANT'S NAME (PRINTED), SIGNATURE AND DE	GREE: INSTITUTE:	DATE:	
	10 00		
Patient Identification	NIH-513-1 (3-02)	Consultation Report NIH-513-1 (3-02)	
	P.A. 09-25-0099 File in Section 2: Consultati	ons. Other	
	1 23011011 21 0011001101	, <b></b>	